NORTHPOINT MEDICAL/REHABILITATION CENTER

1850 BOWEN STREET

OSHKOSH 54901 Phone: (920) 233-4011 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/05): 153 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/05): 180 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/05: 124 Average Daily Census: 129

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)				
Primary Diagnosis	%	Age Groups _	*	 Less Than 1 Year 1 - 4 Years	67.7 26.6
Developmental Disabilities	0.0	Under 65	7.3	More Than 4 Years	5.6
Mental Illness (Org./Psy)	35.5	65 - 74	12.9		
Mental Illness (Other)	7.3	75 - 84	37.9		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	34.7		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.3	Full-Time Equivalent	
Cancer	2.4			Nursing Staff per 100 Resid	dents
Fractures	1.6		100.0	(12/31/05)	
Cardiovascular	12.9	65 & Over	92.7		
Cerebrovascular	5.6			RNs	7.8
Diabetes	5.6	Gender	%	LPNs	12.5
Respiratory	7.3			Nursing Assistants,	
Other Medical Conditions	21.8	Male	29.0	Aides, & Orderlies	51.2
		Female	71.0		
	100.0				
		İ	100.0	İ	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care			anaged Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 12	12.5	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	9.7
Skilled Care	14	100.0	188	78	81.3	123	0	0.0	0	14	100.0	179	0	0.0	0	0	0.0	0	106	85.5
Intermediate				6	6.3	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	4.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		96	100.0		0	0.0		14	100.0		0	0.0		0	0.0		124	100.0

NORTHPOINT MEDICAL/REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05				
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	%	As	sistance of		Number of				
Private Home/No Home Health	0.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents				
Private Home/With Home Health	3.7	Bathing	0.0		79.8	20.2	124				
Other Nursing Homes	1.4	Dressing	11.3		74.2	14.5	124				
Acute Care Hospitals	89.8	Transferring	38.7		46.0	15.3	124				
Psych. HospMR/DD Facilities	3.3	Toilet Use	26.6		50.8	22.6	124				
Rehabilitation Hospitals	0.0	Eating	38.7		55.6	5.6	124				
Other Locations	0.0	******	******	*****	*****	******	******				
Total Number of Admissions	215	Continence		%	Special Treatmen	ts	%				
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.6	Receiving Resp	iratory Care	8.1				
Private Home/No Home Health	14.7	Occ/Freq. Incontinen	t of Bladder	32.3	Receiving Trac	heostomy Care	0.0				
Private Home/With Home Health	8.7	Occ/Freq. Incontinen	t of Bowel	21.8	Receiving Suct	ioning	0.8				
Other Nursing Homes	1.8	į			Receiving Osto	my Care	2.4				
Acute Care Hospitals	44.0	Mobility			Receiving Tube	-	0.8				
Psych. HospMR/DD Facilities	0.5	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	25.0				
Rehabilitation Hospitals	0.0	İ			5	-					
Other Locations	0.0	Skin Care			Other Resident C	haracteristics					
Deaths	20.2	With Pressure Sores		2.4	Have Advance D	irectives	50.8				
Total Number of Discharges		With Rashes		0.0	Medications						
(Including Deaths)	218					hoactive Drugs	50.8				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	ે	%	Ratio	%	Ratio	୬	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.7	85.8	0.84	90.1	0.80	88.8	0.81	88.1	0.81
Current Residents from In-County	91.9	81.3	1.13	84.9	1.08	83.2	1.11	77.6	1.19
Admissions from In-County, Still Residing	34.9	16.8	2.08	18.1	1.93	18.7	1.86	18.1	1.92
Admissions/Average Daily Census	166.7	216.2	0.77	188.0	0.89	177.7	0.94	162.3	1.03
Discharges/Average Daily Census	169.0	217.8	0.78	191.1	0.88	179.2	0.94	165.1	1.02
Discharges To Private Residence/Average Daily Census	39.5	100.9	0.39	87.1	0.45	83.4	0.47	74.8	0.53
Residents Receiving Skilled Care	95.2	97.2	0.98	96.6	0.99	96.3	0.99	92.1	1.03
Residents Aged 65 and Older	92.7	91.5	1.01	90.0	1.03	91.3	1.02	88.4	1.05
Title 19 (Medicaid) Funded Residents	77.4	61.7	1.26	62.3	1.24	61.8	1.25	65.3	1.19
Private Pay Funded Residents	11.3	19.4	0.58	20.8	0.54	22.5	0.50	20.2	0.56
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	42.7	28.9	1.48	34.5	1.24	34.8	1.23	32.9	1.30
General Medical Service Residents	21.8	23.7	0.92	22.0	0.99	23.0	0.95	22.8	0.96
Impaired ADL (Mean)	46.6	47.9	0.97	48.8	0.95	48.4	0.96	49.2	0.95
Psychological Problems	50.8	59.1	0.86	59.9	0.85	59.5	0.85	58.5	0.87
Nursing Care Required (Mean)	4.9	7.1	0.70	7.3	0.68	7.2	0.69	7.4	0.67